
Information on Availability of Medicare/Medicaid Manuals



**U.S. Department of
Health and Human Services
Health Care Financing Administration**
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Who is eligible to receive the Health Care Financing Administration's Medicare/Medicaid manuals?

Medicare/Medicaid manuals, interim manual instructions, and Medicare transmittals are distributed to intermediaries, carriers, HCFA regional offices, etc., on a daily basis, to those requestors submitting a letter, memorandum and/or form HCFA-1042 (**Sample of Form HCFA-1042 shown on page 2**).

All Medicare providers should contact their carrier and/or intermediary to obtain a copy(s) of Medicare/Medicaid manuals and transmittals.

If you feel you are entitled to Medicare/Medicaid manuals for reasons other than the above, you may apply directly to HCFA. Send a HCFA Form 1042 or an appropriate letter to the address below to find out if you are eligible:

Health Care Financing Administration
ATTN: Distribution Management Team
Room N1-26-27
7500 Security Blvd.
Baltimore, MD 21244-1850

REQUEST FOR DISTRIBUTION OF MANUALS, FORMS AND PUBLICATIONS

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Where can the public and/or private sector obtain a copy of HCFA's Medicare manuals/transmittals?

1. Medicare manuals are available for purchase through the Government Printing Office/Superintendent of Documents, Washington, D.C. You may purchase any of these manuals by calling (202) 512-1800 to determine the current price(s) and to receive purchasing instructions.

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402-9325

Requestors should specify the publication number, title, and stock number of the item(s) being requested. (See Pages 4-5 for the List of Manuals.)

2. Medicare manuals are also available for purchase through the National Technical Information Service, Springfield, Virginia. If you wish to purchase any of these manuals, please call (703) 487-4630 to determine the current prices(s) and to receive purchasing instructions. Requestors should specify the subscription title, publication number, and order number being requested. HCFA Program Memorandums: Pub. 60A/Intermediary, Pub. 60B/Carrier and Pub. 60A/B/Intermediary/Carrier are also available through NTIS. (See Pages 6-19 for List of manuals.) You can send a written request to:

U.S. Department of Commerce
National Technical Information Service
Subscription Department
5285 Port Royal Road
Springfield, VA 22161

List of manuals sold by the Government Printing Office/ Superintendent of Documents.

The following HCFA program manuals are available through the Superintendent of Documents (Sup Docs), Subscription Entry, U.S. GPO, Washington, D.C. 20402. Also, Sup Docs subscription service includes the basic manuals and all revisions for approximately 1 year. If you wish to purchase any of these manuals, please call (202) 512-1800 to determine the current price(s) and to receive purchasing instructions. Requestors should specify the subscription title, serial number, and the list identification of the item(s) being requested.

<u>TITLE:</u>	Coverage Issues Manual
<u>PUB:</u>	HCFA Pub. 6
<u>GPO LIST ID:</u>	MCIA
<u>SUBSCRIPTION TITLE S/N:</u>	917-012-00000-8

This manual contains national coverage decisions and sets forth whether specific medical items, services, treatment procedures, or technologies can be paid for under the Medicare program.

<u>TITLE:</u>	Hospital Manual
<u>PUB:</u>	HCFA Pub. 10
<u>GPO LIST ID:</u>	HMP
<u>SUBSCRIPTION TITLE S/N:</u>	917-004-00000-5

This manual is issued to hospitals participating in the Medicare program and contains the policies and procedures applicable to the delivery of hospital services, claims processing instructions, billing procedures, coverage requirements, and related Medicare matters.

<u>TITLE:</u>	Home Health Agency Manual
<u>PUB:</u>	HCFA Pub. 11
<u>GPO LIST ID:</u>	HHAM

This manual provides the operating instructions needed by the Home Health Agency in dealing with patients, its intermediary and the regional and central offices of the Health Care Financing Administration.

<u>TITLE:</u>	Skilled Nursing Facility Manual
<u>PUB:</u>	HCFA Pub. 12
<u>GPO LIST ID:</u>	SNFM

SUBSCRIPTION TITLE S/N: 917-008-00000-1

This manual delineates the providers' responsibilities for claims submitted on behalf of Medicare beneficiaries. It includes the claims information necessary and the requirements for services covered under the program.

TITLE: Medicare Intermediary Manual - Claims
Process, Part 3
PUB: HCFA Pub. 13-3
GPO LIST ID: MIMA
SUBSCRIPTION TITLE S/N: 917-006-00000-8

This manual contains instructions and procedures for processing claims. This includes coverage limitations and coverage requirements. The beneficiary appeals process is included.

TITLE: Medicare Carriers Manual - Claims Process, Part 3
PUB: HCFA Pub. 14-3
GPO LIST ID: MCMB
SUBSCRIPTION TITLE S/N: 917-003-00000-9

This manual contains informational and procedural material the carrier needs for the efficient processing and payment of claims. This includes instructions dealing with coverage of services, bill review, reasonable charges, and other pertinent claims procedures.

TITLE: Provider Reimbursement Manual
PUB: HCFA Pub. 15-1
GPO LIST ID: PRM
SUBSCRIPTION TITLE S/N: 917-007-00000-4

This manual includes instructions on calculating Medicare payments to hospitals and skilled nursing facilities which are reimbursed under the prospective payment

List of manuals sold by the National Technical Information Service (NTIS).

The following Health Care Financing Administration (HCFA) program manuals are available through the National Technical Information Service, Springfield, Virginia. Also, you can subscribe and will be sent the basic manual with current updates and future updates as they are issued by HCFA. If you wish to purchase any of the manuals listed below, please call (703) 487-4630.

TITLE: Coverage Issues Manual
PUB: HCFA Pub. 6
ORDER NUMBER: PB 95-955099

This manual contains national coverage decisions and sets forth whether specific medical items, services, treatment procedures, or technologies are paid for under the Medicare program.

TITLE: State Operations Manual
PUB: HCFA Pub. 7
ORDER NUMBER: PB 95-950099

This manual provides operating policies and procedures for state survey agencies charged with ascertaining whether health and safety standards are met. It provides State agencies with instructions for participation in the Medicare/Medicaid programs. It includes procedures for surveying providers and suppliers and for evaluating their performance in rendering a safe and acceptable quality of care.

TITLE: Medicare Outpatient Physical Therapy and Comprehensive Outpatient Rehabilitation Facility Manual
PUB: HCFA Pub. 9
ORDER NUMBER: PB 93-950199

This manual makes available to the provider of outpatient physical therapy, information and procedural material applicable to the delivery of physical therapy and rehabilitative services to Medicare beneficiaries. It includes claims processing instructions, billing procedures, coverage requirements, and related matters.

TITLE: Medicare Hospital Manual
PUB: HCFA Pub. 10
ORDER NUMBER: PB 95-955199

This manual contains information that is issued to hospitals participating in the Medicare program. It contains the policies and procedures applicable to the

delivery of hospital services, claims processing instructions, billing procedures, coverage requirements, and related Medicare matters.

TITLE: Medicare Home Health Agency Manual
PUB: HCFA Pub. 11
ORDER NUMBER: PB 95-955299

This manual contains the policies and procedures applicable to the delivery of home health services to Medicare beneficiaries, billing procedures, coverage requirements, and related matters governing the agencies' performance under the program.

TITLE: Medicare Skilled Nursing Facility Manual
PUB: HCFA Pub. 12
ORDER NUMBER: PB 95-954999

This manual delineates the providers' responsibilities for claims submitted on behalf of Medicare beneficiaries. It includes the claims information necessary and the requirements for services covered under the program.

TITLE: Medicare Intermediary Manual, Fiscal Administration, Part I
PUB: HCFA Pub. 13-1
ORDER NUMBER: PB 92-950299

This manual provides operating policies and procedures for fiscal intermediaries charged with paying providers under Medicare. In general, it states HCFA policies concerning the intermediary's preparation of budgets letting (sub) contracts and its accountability to Medicare.

The manual provides the procedures to follow in order to secure Medicare funds to pay to participating providers for services covered under the program.

TITLE: Medicare Intermediary Manual, Audits, Reimbursement, Program Administration, Part 2

PUB: HCFA Pub. 13-2
ORDER NUMBER: PB 93-950399

This manual includes an integral part of the contract between HCFA and fiscal intermediaries. In general, it states HCFA policies concerning intermediaries' reimbursable costs.

The manual provides intermediaries with instructions for claiming reimbursement

and the time frames for processing requests. It delimits the intermediary's responsibility in making payment to providers of services covered under Part A of Medicare.

TITLE: Medicare Intermediary Manual, Claims Process, Part 3

PUB: HCFA Pub. 13-3

ORDER NUMBER: PB 95-954699

This manual contains instructions and procedures for processing claims, including coverage limitations and coverage requirements. The beneficiary appeals process is included.

TITLE: Medicare Intermediary Manual, Audit Procedures, Part 4

PUB: HCFA Pub. 13-4

ORDER NUMBER: PB 95-950499

The material in this manual deals with audits formerly in HCFA Pub 2, including all fiscal intermediary instructions on how to conduct audits of participating providers.

TITLE: Medicare Carriers Manual, Fiscal Administration, Part 1

PUB: HCFA Pub. 14-1

ORDER NUMBER: PB 89-950599

This manual provides operating policies and procedures for contractors charged with administering the Medicare program. It has instructions on reimbursement of contractor administrative costs; budget preparation and execution; letter of credit method of advancing funds; and carrier accountability.

TITLE: Medicare Carriers Manual, Program Administration, Part 2

PUB: HCFA Pub. 14-2

ORDER NUMBER: PB 95-950699

This manual contains administrative guidelines such as systems security procedures, contractor performance evaluation, legal processes, and records management

TITLE: Medicare Carriers Manual, Claim Processing, Part 3

PUB: HCFA Pub. 14-3

ORDER NUMBER: PB 94-954799

This manual contains informational and procedural material the carrier needs for efficient processing and payment of claims. This includes instructions dealing with coverage of services, bill review, reasonable charges, and other pertinent claims procedures.

TITLE: Medicare Carriers Manual, Professional Relations, Part 4
PUB: HCFA Pub. 14-4
ORDER NUMBER: PB 89-955899

This manual contains the contacts that carriers must develop with physicians, laboratories, etc., from whom they can reasonably expect claims. This includes the carrier's criteria for accepting claims. It also explains how unique physician identification numbers will be assigned and the data that physicians provide for this purpose.

TITLE: Medicare Provider Reimbursement Manual
PUB: HCFA Pub. 15-1
ORDER NUMBER: PB 93-954899

This manual includes instructions on calculating Medicare payments to hospitals and skilled nursing facilities that are reimbursed under the prospective payment system, as well as other providers that are reimbursed on a reasonable cost basis.

TITLE: Medicare Provider Reimbursement Manual, Reimbursement for ESRD Service and Supplies, Part I
PUB: HCFA Pub. 15-27
ORDER NUMBER: PB 89-950799

This chapter (27) from the Medicare Provider Reimbursement Manual, Part 1, covers target rate reimbursement for home dialysis. Target rate reimbursement is an optional method of Medicare reimbursement for the cost of furnishing self-care home dialysis patients all necessary home dialysis medical supplies, equipment, and supportive services, including the services of qualified home dialysis aides.

TITLE: Medicare Provider Reimbursement Manual, Part II
PUB: HCFA Pub. 15-II-A
ORDER NUMBER: PB 95-950899

This chapter (1) from Part II of the Medicare Provider Reimbursement Manual describes the general requirements for filing cost reports. Providers of services participating in the Medicare program are required to submit information to achieve settlement of costs relating to health care services rendered to Medicare beneficiaries. Regulations state that cost reports "will be required from providers on an annual basis..." When a provider fails to file a timely cost report, all interim payments since the beginning of the cost reporting period can be deemed overpayments.

*Note: HCFA Pub. 15-II-C and Pub. 15-II-D, have been replaced by HCFA Pub. 15-II-Q

TITLE: Medicare Provider Reimbursement Manual, Cost Report for Outpatient Physical Therapy and Speech Pathology Providers, Part II

PUB: HCFA Pub. 15-II-F

ORDER NUMBER: PB 80-951199

This chapter (6) provides instructions to outpatient physical therapy, outpatient speech pathology providers and intermediaries on how to complete Form HCFA-2088, Outpatient Physical Therapy and Outpatient Speech Pathology Provider Cost Report. This form is used by providers to record operating costs for Medicare reimbursement purposes.

TITLE: Medicare Provider Reimbursement Manual, Cost Reporting for Providers with All-Inclusive Rates or No-Charge Structures, Part II

PUB: HCFA Pub. 15-II-G

ORDER NUMBER: PB 77-951299

this chapter (7) contains instructions on the cost reporting forms to be used by all-inclusive rate and no-charge structure providers.

TITLE: Medicare Provider Reimbursement Manual, Independent Renal Dialysis Facility Cost Report, Part II

PUB: HCFA Pub. 15-II-I

ORDER NUMBER: PB 82-951399

this chapter (9) provides instructions on renal dialysis facilities and intermediaries on how to complete Form HCFA-265, Independent Renal Dialysis Facility Cost Report. This form is used by renal dialysis facilities to record operating costs for Medicare reimbursement purposes.

TITLE: Medicare Provider Reimbursement Manual, Cost Reports for Home Office, Part II

ORDER NUMBER: PB 83-951499

This chapter (10) provides instructions to chain organizations and intermediaries on how to complete Form HCFA-287, Home Office Cost Statement. This form is used by chain organizations to record operating costs for Medicare reimbursement purposes

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Report/Reimbursement Questionnaire, Part II

PUB: HCFA Pub. 15-II-K

ORDER NUMBER: PB 95-951599

This chapter (11) provides instructions to all providers of Medicare services and intermediaries on how to complete Form HCFA-339, Provider Cost Report Reimbursement Questionnaire. This form is used as a supplemental worksheet to assist providers in preparing annual cost reports for Medicare reimbursement purposes.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reports for Hospital and Hospital Health Care Complex, Part II.

PUB: HCFA Pub. 15-II-L

ORDER NUMBER: PB 85-951699

This chapter (12) provides instructions to hospitals, hospital health care complexes and intermediaries on how to complete Form HCFA-2552-83, Hospital and Hospital Health Care Complex Cost Report. The form is used to record operating costs for Medicare reimbursement purposes.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions--Skilled Nursing Facilities, Part II

PUB: HCFA Pub. 15-II-M

ORDER NUMBER: PB 86-954299

This chapter (13) provides instructions to skilled nursing facilities and skilled nursing facility health care complexes on how to complete the new cost report Form HCFA-2540-86.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions-Form HCFA-1728-86. Home Health Agency Cost Report, Part II.

PUB: HCFA Pub. 15-II-O

ORDER NUMBER: PB 86-954399

This chapter (17) contains instructions on how to complete the new cost report forms to be filed by freestanding home health agencies.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions-Form 2552-85, Hospitals and Hospital Health Care Complexes, Part II.

PUB: HCFA Pub. 15-II-S

ORDER NUMBER: PB 95-954199

This chapter (19) contains instructions on how to complete the cost report Form HCFA-2552-85 to be filed by hospitals and hospital health care complexes.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions-Form HCFA-216-86 Organ Procurement Agencies and Transplant Centers, Part II.

PUB: HCFA Pub. 15-II-U

ORDER NUMBER: PB 86-954499

This chapter (21) has been added to impose documentation requirements for organ procurement agencies and certified transplant centers.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions-General, Part II

PUB: HCFA Pub. 15-II-V

ORDER NUMBER: PB 89-955399

This chapter (22) contains instructions for fiscal intermediaries to recompute Medicare reimbursement for hospitals and hospital health care complexes reimbursing for the cost of malpractice insurance. This chapter also includes instructions for the recalculation of labor/delivery room costs resulting from a negotiated settlement between hospitals and the Department of Health and Human Services.

TITLE: Provider Reimbursement Manual, Part II - Provider Cost Reporting Forms and Instructions (Hospital).

PUB: HCFA Pub. 15-II-X

ORDER NUMBER: PB 89-955999

This transmittal introduces Chapter 24, Hospital and Hospital Health Care Complex Cost Report, Form HCFA 2552-89, which contains instructions for the completion of the new cost report

to be filed by hospitals and hospital health care complexes.

TITLE: Medicare Provider Reimbursement Manual, Skilled Nursing Facility, Part II

PUB: HCFA Pub. 15-II-AD

ORDER NUMBER: PB 87-955499

This chapter (30) contains Form HCFA 2540-87, Skilled Nursing Facility Prospective Payment Cost Report, and instructions for it to be completed by qualifying SNFs electing prospective payments.

TITLE: Medicare Provider Reimbursement Manual, Reporting Forms and Instructions Chapter 28, Form HCFA 2552-92, Part II

PUB: HCFA Pub. 15-II-AB

ORDER NUMBER: PB 92-956399

This chapter (28) contains Form HCFA 2552-92.

TITLE: Medicare Provider Reimbursement Manual, Reporting Forms and Instructions Chapter 31, Form HCFA 287-92, Part II

PUB: HCFA Pub 15-II-AE

ORDER NUMBER: PB 92-956499

This chapter (31) contains Form HCFA 287-92.

TITLE: Medicare Provider Reimbursement Manual, Reporting Forms and Instructions Chapter 22, Form HCFA 222-92.

PUB: HCFA Pub. 15-II-AC

ORDER NUMBER: PB93-956799

This chapter (22) contains Form 222-92.

TITLE: Medicare Provider Reimbursement Manual, Provider Cost Reporting Forms and Instructions, Chapter 18, Form HCFA 2088-92, Part II.

PUB: HCFA Pub. 15-II-R

ORDER NUMBER: PB 93-956699

This chapter (18) contains Form HCFA 2088-92.

TITLE: Peer Review Organization manual

PUB: HCFA Pub. 19

ORDER NUMBER: PB 95-954099

This manual provides guidance to PROs in implementing review functions, e.g., determining whether medical services provided (or proposed) are reasonable and necessary, are provided in the proper setting, and meet professionally recognized standards of health care.

TITLE: Medicare Hospice Manual

PUB: HCFA Pub. 21

ORDER NUMBER: PB 94-951799

This manual provides, in ready reference format, informational and procedural material hospices need for prompt and accurate filing of claims for services furnished under the

provisions of the health Insurance for the Aged Act (Medicare). It also contains information the hospice may need to answer questions patients often ask about the program, and should help to assure that the law is applied nationally without regard to where covered services are furnished.

TITLE: Regional Office Manual, General, Part 1
PUB: HCFA Pub. 23-1
ORDER NUMBER: PB 89-951899

The manual provides operating policies and procedures for Health Care Financing Administration regional offices. This short manual deals with audit resolution procedures.

TITLE: Regional Office Manual, Medicare, Part 2
PUB: HCFA Pub. 23-2
ORDER NUMBER: PB 94-951999

This is the principal manual for transmitting program instructions to the regional offices concerning contract administration, program relationships, claims process, program review, program reimbursement, provider certification, direct dealing, fiscal administration, and Medicare appeals.

TITLE: Regional Office Manual, Program Integrity, Part 3
PUB: HCFA Pub. 23-3
ORDER NUMBER: PB 85-952099

This manual deals with program integrity aspects and the regional office responsibilities in this area. Included subjects are: quality control, definitions of key terms, program management review, detection procedures, disclosure of fraud and abuse information, post-investigative procedures, administrative sanctions, and administrative items.

TITLE: Regional Office Manual, Standards and Certification, Part 4
PUB: HCFA Pub. 23-4
ORDER NUMBER: PB 88-952199

This manual deals with the regional office responsibilities in the standards and certification aspects of the program. This includes instructions on review of provider certifications, provider/supplier approval, and management and monitoring of the provider certification process.

TITLE: Regional Office Manual, Medicaid, Part 6
PUB: HCFA Pub. 23-6
ORDER NUMBER: PB 86-952299

Included in this manual are such topics as grants to states for medical assistance programs, Medicaid quality control, reporting requirements for plan amendments/waivers, maintenance of approved State Medicaid plans, fiscal administration, and Medicaid contract administration.

TITLE: Medicare Rural Health Clinic Manual (RHC)
PUB: HCFA Pub. 27
ORDER NUMBER: PB 95-953999

RHCs are clinics that are not part of a hospital, SNF, or HHA. This manual provides RHCs with informational and procedural material needed for prompt and accurate filing of claims for services furnished under the provisions of the health Insurance for the Aged Act (Medicare). The material is in ready reference format. It also contains information the clinic may need to answer questions patients often ask about the program, and should help to assure that the law is uniformly applied nationally without regard to where covered services are furnished.

TITLE: Medicare Renal Dialysis Facility Manual
PUB: HCFA Pub. 29
ORDER NUMBER: PB 94-953599

This manual makes available to the non-hospital renal disease facility provider, in ready reference format, informational and procedural material needed for prompt and accurate filing of claims for services furnished under the provisions of the health Insurance for the Aged Act (Medicare). It also contains information the provider may need to answer questions patients often ask about the program, and should help to assure that the law is uniformly applied nationally without regard to where covered services are furnished.

TITLE: State Medicaid Manual, Introduction, Basic
PUB: HCFA Pub. 45
ORDER NUMBER: PB 87-954599

This Medicaid Manual provides operating policies and procedures for Medicaid ~~single State agencies and others charged with administering the program.~~ It introduces the parts of the State Medicaid Manual. Its users consist mostly of State agencies.

TITLE: State Medicaid Manual, State Organization, Part 2
PUB: HCFA Pub. 45-2
ORDER NUMBER: PB 88-952399

This manual covers organization and general administration, State personnel administration, and State fiscal administration. Correlates to: 42 CFR Parts 431, 432, 433, and 45 CFR Parts 201 and 213.

TITLE: State medicaid Manual, Eligibility, Part 3
PUB: HCFA Pub. 45-3
ORDER NUMBER: PB 89-952499

This manual contains general provisions, definitions, mandatory and optional coverage, categorically and medically needy, financial requirements, etc. Correlates to: 42 CFR Parts 435 and 436.

TITLE: State Medicaid Manual, Services, Part 4
PUB: HCFA Pub. 45-4
ORDER NUMBER: PB 88-952599

This manual covers requirements and limits applicable to all services and specific services, definitions and general provisions. Correlates to: 42 CFR Parts 440, 441, 442, and 481.

TITLE: State Medicaid Manual, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Part 5
PUB: HCFA Pub. 45-5
ORDER NUMBER: PB 89-952699

This manual covers early and periodic screening, diagnosis, and treatment of individuals under age 21. Correlates to: 42 CFR Part 441.

TITLE: State Medicaid Manual, Payment for Services, Part 6
PUB: HCFA Pub. 45-6
ORDER NUMBER: PB 89-952799

This manual covers payment for services, general provisions, payment methods, and upper limits. Correlates to: 42 CFR Part 447.

TITLE: State Medicaid Manual, Quality Control, Part 7
PUB: HCFA Pub. 45-7
ORDER NUMBER: PB 95-952899

This manual covers all aspects of the quality control program. Correlates to: 42 CFR Part 431.

TITLE: State Medicaid Manual, Program Integrity, Part 8

PUB: HCFA Pub. 45-8
ORDER NUMBER: PB 89-952999

This manual covers program integrity, Medicaid agency fraud detection and investigation program, disclosure of information by providers and fiscal agents, and exclusion by providers and suspension of practitioners. Correlates to: 42 CFR 455

TITLE: State Medicaid Manual, Utilization Control, Part 9
PUB: HCFA Pub. 45-9
ORDER NUMBER: PB 89-953099

This manual covers utilization control in all Medicaid services, hospitals, mental hospitals, skilled nursing facilities and intermediary care facilities; utilization review plans and inspections of care in an ICF and institutions for mental diseases. Correlates to: 42 CFR Part 456.

TITLE: State Medicaid Manual, Medicaid Management Information System, Part 11
PUB: HCFA Pub. 45-11
ORDER NUMBER: PB 89-953199

This manual covers Medicaid management information systems, functional requirements, performance review standards and criteria and general systems design. Correlates to: 45 CFR part 95.

TITLE: State Medicaid Manual, State Plan Procedures and Preprints, Part 13
PUB: HCFA Pub. 45-13
ORDER NUMBER: PB 89-953299

This manual covers State plan procedures and State plan preprints. Correlates to: 45 CFR Parts 201, 204, and 205.5.

TITLE: State Medicaid Manual, Medicaid Eligibility Determination and Information Retrieval System. Part 15

PUB: HCFA Pub. 45-15
ORDER NUMBER: PB 89-953499

This manual covers the medicaid eligibility determination and information retrieval system. Correlates to: 42 CFR Part 433 Subpart C.

TITLE: Medicare Health Maintenance Organization/Competitive Medical Plan Manual

PUB: HCFA Pub. 75

ORDER NUMBER: PB 89-953899

This manual provides the operating rules and procedures for health maintenance organizations (HMOs) and competitive medical plans (CMPs) that enter into contracts with HCFA to provide health services on a prepayment basis to Medicare beneficiaries under Section 1876 of Title 18 of the Social Security Act.

TITLE: Manual for Federally Qualified Health Maintenance Organizations (Title 13, Public Health Service Act)

PUB: HCFA Pub. 77

ORDER NUMBER: PB 89-956199

Provides the operating rules and procedures for health maintenance organizations (HMOs) applying for qualification under the Public Health Service Act and are federally qualified under that Act. Provides general information about federal qualifications; Federal/State relationships; the financial requirements of federally qualified HMOs; the financial incentive and risk arrangements; and the aspects of the law that relate to HMO interactions with employer contributions.

TITLE: Medicare End Stage Renal Disease Network Organizations Manual

PUB: HCFA Pub. 81

ORDER NUMBER: PB 94-956899

This manual provides technical instructions and/or changes in procedures in an understandable format which can be easily modified. The process would benefit both HCFA and its customers.

TITLE: Program Memorandum, Intermediaries

PUB: HCFA Pub. 60-A

ORDER NUMBER: PB 92-955500

Communicates with intermediaries on subjects and issues not appropriate for the Medicare Intermediary Manual because they are not ongoing instructions.

TITLE: Program Memorandum, Carriers

PUB: HCFA Pub. 60-B

ORDER NUMBER: PB 92-955600

Communicates with carriers on subjects and issues not appropriate for the Medicare Carriers Manual because they are not ongoing instructions.

TITLE: Program Memorandum, Intermediaries/Carriers
PUB: HCFA Pub. 60 A/B
ORDER NUMBER: PB 92-955700

Communicates identical information to intermediaries and carriers on subjects and issues not appropriate for the Medicare Intermediary or the Medicare Carriers Manuals because they are not ongoing instructions.

TITLE: Program Memorandum, Medicaid State Agencies
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TITLE: State Medicaid Manuals - Program Memorandum Health Maintenance
Organizational/Competitive Medical Plan
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ORDER NUMBER: PB 89-956099

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